

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS**

In Re: Excel Resources, Inc.

§
§
§
§

Case No. 97-44808-H3-7

Debtor(s).

**Application for Payment of Unclaimed Funds
and Certificate of Service**

1. I am making application to receive \$ 39,087.20, which was deposited as unclaimed funds on behalf of Mobil Natural Gas, Inc.
(*name of original creditor/debtor*).

2. Applicant is entitled to receive the requested funds, has made sufficient inquiry and has no knowledge that any other party may be entitled to, and is not aware of any dispute regarding the funds at issued based upon the following (*check the statement(s) that apply*):

- ☐ a. Applicant is the creditor/debtor named in paragraph 1, and the owner of the funds appearing on the records of this Court, as evidenced by the attached documents.
- ☐ b. Applicant is the attorney in fact for the creditor/debtor named in paragraph 1, with authority to receive such funds, or who is authorized by the attached original Power of Attorney to file this application on behalf of the creditor/debtor.
- ☒ c. Applicant is the assignee or successor-in-interest of the creditor/debtor named in paragraph 1, or the representative of the assignee or successor-in-interest, as evidenced by the attached documents establishing chain of ownership and/or assignment.
- ☐ d. Applicant is a duly authorized corporate officer (if a corporation) or a general partner (if a partnership) and a representative of the creditor/debtor named in paragraph 1.
- ☐ e. Applicant is the representative of the estate of the deceased creditor/debtor named in paragraph 1, as evidenced by the attached certified copies of death certificate and other appropriate probate documents substantiating applicant's right to act on behalf of the decedent's estate.
- ☐ f. None of the above apply. As evidenced by the attached documents, applicant is entitled to these unclaimed funds because:

3. I understand that pursuant to 18 U.S.C. § 152, I could be fined no more than \$5,000, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document or accompanying supporting documents. I further understand that any indications of fraud detected by the Court will be turned over to the U.S. Attorney for possible prosecution.
4. I declare under penalty of perjury under the laws of the United States of America that the foregoing statements and information are true and correct.

Dated: April 9, 2015

Applicant's Signature [See attached signature with CA notary form]

Applicant's Name Julie Kaye, d/b/a Reclaim Lost Assets

Address 2230 Valley View Parkway #232
El Dorado Hills, CA 95762

Phone: (760) 828-7759

Subscribed and sworn before me this ____ day of _____.

Notary Public

State of _____

My commission expires _____

- Attachments: 1. Completed W-9 Form
2. D/B/A Certificate - San Diego County Clerk
3. Trans Union Business Invoice/Wells Fargo Bank Statement
4. Affidavit and Assignment Of Debt

Certificate of Service

I certify that on April 9, 2015 (date), a true and correct copy of this application for payment of unclaimed funds was served by first class United States Mail on the following:

U.S. Attorney
P.O. Box 61129
Houston, TX 77208

Other: Pamela Gale Johnson, Trustee - By ECF
All Other Parties Receiving ECF Notices

U.S. Trustee
515 Rusk Ave., Ste.3516
Houston, TX 77002

/s/ Johnie Patterson

Signature

JURAT WITH AFFIANT STATEMENT

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

 Signature of Document Signer No. 1

 Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of El Dorado

Subscribed and sworn to (or affirmed) before me on this

9th day of April, 20 15, by
Date Month Year

(1) Julie Kaye
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (,)

(and

(2) _____
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me.)

Signature Michael Marques
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: Application for Payment

Document Date: April 9, 2015 Number of Pages: 2

Form W-9
Rev. December 2014
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

TULIE KAYE

2 Business name/disregarded entity name, if different from above

RECLAIM LOST ASSETS

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

- ☒ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

2230 VALLEY VIEW PARKWAY #232

Requester's name and address (optional)

6 City, state, and ZIP code

EL DORADO HILLS, CA 95762

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

47-1211727

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign
Here**

Signature of
U.S. person ▶

[Signature]

Date ▶

4/1/2015

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



ERNEST J. DRONENBURG, JR. ASSESSOR/RECORDER/COUNTY CLERK

FICTITIOUS BUSINESS NAMES

Fictitious Business Names Matching Your Search

Select	Filing Number	Business Name	Owner Name	Document Type	Filing Date
... ▼	2014019745	RECLAIM LOST ASSETS	KAYE JULIE	N	20140723

Records 1 - 1 of 1

Questions or problems? Call us at (619) 685-2455 (8am - 5pm PST), or email us at ARCC.FGG@sdcounty.ca.gov

FEIN: **46-3901689**Billing Support: **888-891-4847**Customer Support: **888-493-2209**FAX: **561-226-9717**Customer Information**Reclaim Lost Assets****2230 Valley View Parkway #232****El Dorado Hills, CA 95762**Account ID: **1508492**Invoice Date: **04/01/2015**Billing Period: **03/01/2015 - 03/31/2015**Terms: **Due Upon Receipt**Payment Preference: **Paper Check****PLEASE REFERENCE YOUR ACCOUNT ID ON YOUR CHECK!**Remittance Address**TransUnion Risk and Alternative****Data Solutions, Inc.****PO Box 209047****Dallas, TX 75320-9047**TLOxp Charges & Credits

Balance Forward:	\$13.00
Current Charges:	\$131.00
Sales Tax:	\$0.00
Credits / Adjustments:	\$0.00
Balance Due:	\$144.00

Log in to the **Billing** section of **My Account** in TLOxp to:

- Make a Payment Online
- Download Invoices
- Review Billing History
- Update Payment Preferences
 - Auto-Debit
 - Review & Approve
 - Paper Check

Please refer to the following pages for a detailed list of charges.

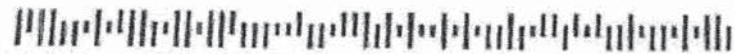
Social Security Numbers cannot be displayed in details.

Wells Fargo Combined Statement of Accounts

Primary account number: [REDACTED] 0865 ■ February 1, 2015 - February 28, 2015 ■ Page 1 of 5



021965 1 AV 0.381 1787783



JULIE L KAYE KALB
DBA RECLAIM LOST ASSETS
2230 VALLEY VIEW PKWY UNIT 232
EL DORADO HILLS CA 95762-5591

Questions?

Available by phone 24 hours a day, 7 days a week:
Telecommunications Relay Services calls accepted

1-800-CALL-WELLS (1-800-225-5935)

TTY: 1-800-877-4833

En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (114)

P.O. Box 6995

Portland, OR 97228-6995

Your Business and Wells Fargo

The plans you establish today will shape your business far into the future. The heart of the planning process is your business plan. Take the time now to build a strong foundation. Find out more at wellsfargoworks.com/start/business-planning

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com/biz or call the number above if you have questions or if you would like to add new services.

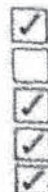
Business Online Banking

Online Statements

Business Bill Pay

Business Spending Report

Overdraft Protection



DCDG1UTP2 021965 NNNNNNNNNNNNN

AFFIDAVIT AND ASSIGNMENT OF DEBT:

Comes now affiant, and states:

I am Jeffrey S. Kuhn, Litigation Counsel for Mobil Natural Gas, a wholly owned subsidiary of ExxonMobil. I am of adult age and am fully authorized to sign documentation on behalf of ExxonMobil and their subsidiaries.

Excel Resources Inc. is the original owner of this debt and the original debtor. **Excel Resources Inc.** has an unpaid balance of \$39,087.20. That amount is due and owing to **Mobil Natural Gas** as Creditor.

The type of account is (please enter a check mark in the appropriate blank):

☐ Credit card account (i.e. Visa, MasterCard, Department Store, etc.)

List the name of the Company/Store issuing credit card: _____

☐ Account for utilities (i.e. telephone, electric, sewer, etc.)

☐ Medical bill account (i.e. doctor, dentist, hospital, etc.)

☐ Account for services (i.e. attorney fees, mechanic fees, etc.)

☐ Judgment issued by a court (a copy of the judgment is required to be attached)

This account balance includes: (Month, Day, Year)

(Month, Day Year)

☐ "Creditor" is not seeking attorney's fees.

Creditor believes that debtor is not a minor or an incompetent individual.

Creditor hereby assigns this debt to **Julie Kaye of Reclaim Lost Assets**.

I swear or affirm under the penalties of perjury that the foregoing representations are true.

Dated: 1/12/15

Signature of Creditor: _____

Jeffrey S. Kuhn for ExxonMobil Corporation, parent of Mobil Natural Gas

IN WITNESS WHEREOF, this assignment has been duly executed by the affiant the day and year first written above.

Notarized By: _____

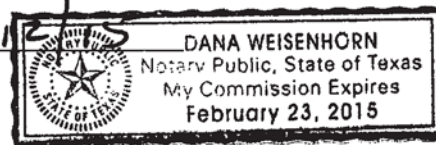
Dana Weisenborn

On the 12th day of January, 2015, _____ appeared the above affiant, who being duly sworn, did depose and say (s)he/they is/are in fact the Affiant, or the authorized representative of, and is authorized to execute this assignment.

Signed Dana Weisenhorn

Dated

1/12/15



Affiant – block printed

Jeffrey S. Kuhn

If a company or non-individual legal entity, Affiant's position is

Litigation Counsel

The Affiant's position/authority can be verified at the following phone number

832-624-6319

Please note – It is always recommended that you speak with an attorney prior to signing any documentation